Michael Cheikin MD
Holistic Medicine & Physiatry
832 Germantown Pike, Suite 3
Plymouth Meeting, PA 19462
610-239-9901 cohlife.org

Toxic, Ecological & Stress History:

Exposures at different periods of your life
1/24/2022 f_hx_tox_a.docx

Check ALL decades that apply

	Name & Date:	No	Don't Know	Age 0-9	Age 10-19	Age 20-29	Age 30-49	Age 40-49	Age 50-59	Age 60-69	Age 70+	Your Notes more on back ☐	Please Leave Blank
1	Residence was built before 1970	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2	Well water for your house	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3	Wet or moldy basement	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4	New Construction < 5 yrs old	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5	Work or live near a **farm**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6	Work or live near **factories**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7	Work or live near **nuclear reactor**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8	Work or live near **landfill**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9	Solvent or pesticide exposure	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10	Hobbies with lead or other toxins	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
11	Pets	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12	Mercury fillings placed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13	Mercury fillings removed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
14	Root canals/teeth extracted (circle)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15	Vaccines (even if routine)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
16	Tuna or Swordfish > 2x/month	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
17	Mother smoked	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18	Other house residents smoked	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19	You smoked	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20	Excess alcohol consumption	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21	Adverse reaction-drugs (legal/street)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22	IV antibiotics	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23	Oral or IV steroids	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24	Inhaled or topical steroids	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25	Birth Control Pill/Hormones	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26	Hospitalized and/or Surgery	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27	Blood Transfusions	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28	Pneumonia	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29	Ear infections	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30	Ear tubes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
31	Tonsils removed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
32	Sinus infections	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
33	Sinus surgery	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
34	Appendectomy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
35	Yeast infections/Thrush/Fungus	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
36	Food poisoning	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
37	Parasite Infection	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
38	Herpes or Shingles	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
39	Bladder Infections/UTI's	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
40	Weight chnge >10# in < 12 mnths	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
41	Insomnia, Sleep Disturbance	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
42	Shift Work/All-Nighters	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
43	Extreme Sport incl Run > 5 m/wk	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
44	Concussion/Lost Consciousness	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
45	Sports Injury, even mild	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
46	Personal Injury: Car, Work, other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
47	Parents separated/divorced	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
48	You are separated/divorced	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
49	Serious family member illness	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
50	Abuse /Assault	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
51	Death of Father	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
52	Death of Mother	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
53	Death of Sibling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
54	Death of Spouse	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
55	Death of Other Family/Friend	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
56	Lost Job	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
57	Forced Sale/Eviction from Home	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
58	Incarceration: you or family	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
59	Other: (describe)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐